



Application to Make and Register a Firearm

(Submit in duplicate. See Instructions attached.)

ATF Control Number

To: National Firearms Act Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226

The undersigned hereby makes application, as required by Sections 5821 and 5822 of the National Firearms Act, Title 26 U.S.C., Chapter 53, to make and register the firearm described below.

2. Application is made by:

- Individual
- Corporation or other Business Entity
- Government Entity

3a. Trade Name (If any)

3b. Applicant's Name and Mailing Address (Type or print below and between the dots)

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3c. If P.O. Box is Shown Above, Street Address Must Be Given Here

3d. County

3e. Telephone Area Code and Number

Important: Complete the reverse side. Individuals (Including Federally Licensed Collectors) must also submit, in duplicate, FBI Form FD-258, Fingerprint Card.

4. Description of Firearm (complete items a through i)

a. Name and Location of Original Manufacturer of Firearm (Receiver) (If prototype, furnish plans and specifications) (See Instruction 2h)

b. Type of Firearm to be made (See instruction 1c)

c. Caliber, Gauge or Size (Specify)

1. Type of Application (check one)

a. Tax Paid. Submit with your application a check or money order for \$200 made payable to the Department of the Treasury. Upon approval of the application, this office will acquire, affix, and cancel the required "National Firearms Act: stamp for you.

b. Tax Exempt because firearm is being made on behalf of the United States, or any department, independent establishment, or agency thereof.

c. Tax Exempt because firearm is being made by or on behalf of any State or possession of the United States, or any political subdivision thereof, or any official police organization of such a government entity engaged in criminal investigations.

d. Model

Length (Inches)

e. Of Barrel:

f. Overall:

g. Serial Number (See instruction 2h.)

h. Additional Description (Include all numbers and other identifying data which will appear on the firearm)

i. State Why You Intend To Make Firearm (Use additional sheet if necessary)

5. Applicant's Federal Firearms License (If any)

(Give complete 15-digit Number)

6. Special (Occupational) Tax Status

a. Employer Identification Number (If applicable)

b. Class

Important: Give full details on separate sheet for all "Yes" answers in items 7 and 8

7. Are You:

Yes No

a. Charged by information or under indictment in any court for a crime for which the judge could imprison you for more than one year. An information is a formal accusation of a crime made by a prosecuting attorney.

b. A fugitive from justice?

c. An alien who is illegally in the United States?

d. Under 21 years of age?

e. An unlawful user of or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?

f. Subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner? (see Instruction 7c)

8. Have You:

Yes No

a. Been convicted in any court of a crime for which the judge could have imprisoned him/her for more than one year, even if the judge actually gave him/her a shorter sentence?

b. Been discharged from the armed forces under dishonorable conditions?

c. Been adjudicated mentally defective or been committed to a mental institution?

d. Renounced his or her United States citizenship?

e. Been convicted in any court of a misdemeanor crime of domestic violence? (see instruction 1m)

Under Penalties of Perjury, I Declare that I have examined this application, including accompanying documents, and to the best of my knowledge and belief it is true, accurate and complete and the making and possession of the firearm described above would not constitute a violation of Chapter 44, Title 18, U.S.C., Chapter 53, Title 26, U.S.C., or any provisions of State or local law.

9. Signature of Applicant

10. Name and Title of Authorized Official of Firm or Corporation (if applicable)

11. Date

The space below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By authority of the Director, Bureau of Alcohol, Tobacco, Firearms and Explosives, this application has been examined and the applicant's making and registration of the firearm described above is:

Approved (With the following conditions, if any)

Disapproved (For the following reasons)

Authorized ATF Official

Date

Additional Requirements

12. Photograph

Affix
Recent Photograph Here
(Approximately 2" x 2")
(See instruction 2d)

13. **Law Enforcement Certification (See important note below)**

I certify that I am the chief law enforcement officer of the organization named below having jurisdiction in the area of residence of

(Name of Maker)

I have no information indicating that the maker will use the firearm or device described on this application for other than lawful purposes. I have no information that **Possession of the Firearm described in Item 4 on the Front of this Form would place the maker in Violation of State or Local Law.**

(Signature and Title of Chief Law Enforcement Officer - see IMPORTANT note below)

By (See important note below)

(Signature and Title of Delegated Person)

(Organization)

(Street Address)

(City, State, and ZIP Code)

(Date)

Important: The chief law enforcement officer is considered to be the Chief of Police for the maker's city or town of residence, the Sheriff for the maker's county of residence; the Head of the State Police for the maker's State of residence; a State or local district attorney or prosecutor having jurisdiction in the maker's area of residence; or another person whose certification is acceptable to the Director, Bureau of Alcohol, Tobacco and Firearms and Explosives. If someone has specific delegated authority to sign on behalf of the Chief of Police, Sheriff, etc., this fact must be noted by printing the Chief's, Sheriff's, or other authorized official's name and title, followed by the word "by" and the full signature and title of the delegated person. Item 13 must be completed for an individual maker. The certification must be dated no more than one year prior to the date of receipt of the application

Important Information for Currently Registered Firearms

If this registration document evidences the current registration of the firearm described on it, please note the following information.

Estate Procedures: For procedures regarding the transfer of firearms in an estate resulting from the death of the registrant identified in item 3, the executor should contact the NFA Branch, Bureau of ATF, Washington, DC 20226.

Change of Address: The registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226, in writing, of any change to the address in item 3a.

Interstate Movement: If the firearm identified in item 4 is a machinegun, short-barreled rifle, short-barreled shotgun, or destructive device, the registrant may be required by 18 U.S.C. § 922(a)(4) to obtain permission from ATF prior to any transportation in interstate or foreign commerce.

Change of Description: The registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226, in writing, of any change to the description of the firearms in item 4.

Restrictions on Possession: Any restriction (see approval block on face of form) on the possession of the firearm identified in item 4 continues with the further transfer of the firearm.

Persons Prohibited from Possessing Firearms: If the registrant becomes prohibited by 18 U.S.C. § 922 from possessing a firearm, the registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226, in writing, immediately upon becoming pro-hibited for guidance on the disposal of the firearm.

Proof of Registration: This approved application is the registrant's proof of registration and it shall be made available to any ATF officer upon request.